

Medical Examination Form



SECTION I: APPLICANT TO COMPLETE THIS SECTION

My passport, on which my photograph is attached, contains the following information:

Full name: _____ Nationality: _____
Passport No.: _____ Place of Issue: _____
Date of Issue: _____ Date of Expiry: _____

SECTION II: TO BE COMPLETED BY PHYSICIAN, X-RAY & BLOOD TEST SUPERVISORS

**Attach 1 photo of applicant here:*

PHOTO

I am satisfied that the person being examined is the bearer of the passport described above.

Signature of examining panel physician: _____ Date: _____
Signature of X-ray supervisor: _____ Date: _____
Signature of laboratory technician: _____ Date: _____